Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

| Attorney Docket No. |  |     | 04122 00006 |  |  |  |
|---------------------|--|-----|-------------|--|--|--|
| First Inventor Ro   |  | Rob | bert F Sak  |  |  |  |
| Title               | Improved Method and Apparatus for Sampling Cervical Tissue |     |             |  |  |  |

| (Only for r  | new nonprovisiona   | al applications under 3   | 7 C F.R. 1.53(b))                    | Express Mail  | Label No.  |                                       |        |  |  |
|--|---|---|--------------------------------------|---|--|---------------------------------------|--------|--|--|
|  | APPL  | ICATION ELE   | MENTS                                | 4005  | Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application |                                       |        |  |  |
| See MPEP   | chapter 600 conce   | erning utility patent app   | olication contents.                  |   | ADDRESS TO: Box Patent Application Washington, DC 20231                |                                       |        |  |  |
| 1  | Fee Transmittal Submit an original at Applicant claims See 37 CFR 1.2 Specification preferred arrange Descriptive title of Cross Reference Statement Regar Reference to seq or a computer pro Background of th Brief Summary of | Form (e.g., PTO/S and a duplicate for fee process small entity status errors.  [Total ment set forth below] of the Invention s to Related Application of the Set Set Set Set Set Set Set Set Set Se | B/17) essing) al Pages 28 ] ons al B | Washington, DC 20231  7. □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. □ Computer Readable Form (CRF)  b. Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies); or ii. □ paper  c. □ Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9. □ Assignment Papers (cover sheet & document(s))  10. □ 37 C.F.R.§3.73(b) Statement □ Power of (when there is an assignee) Attorney |  |                                       |        |  |  |
| 4.   | DELETION Signed stateme named in the pr 1.63(d)(2) and 2 plication Data S  ITINUING APPLIC plication Data Sh  | CFR 1.63 (d)) Box 18 completed) S) Eventor(s) CFR 1.76  Depriate box, and suppose.  | 16.                                  | 12. ☐ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 Citations  13. ☐ Preliminary Amendment  14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  |  |                                       |        |  |  |
| □ Continuation □ Divisional □ Continuation-in-part (CIP) of prior application No: 09 / 512,258  Prior application information: Examiner P Wingood Group / Art Unit: 3736  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is suppl under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by referent The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |   |   |                                      |   |  |                                       |        |  |  |
| ······································   |   | •   | 17. CORRESPO                         |   |  |                                       |        |  |  |
| 22907 or Correspondence address below  (Insert Customer No. or Attach bar code label here)   |   |   |                                      |   |  |                                       |        |  |  |
| Name   |   |   |                                      |   |  | • • • • • • • • • • • • • • • • • • • |        |  |  |
| Address  |   |   |                                      |   |  |                                       |        |  |  |
| City   |   |   | State                                |   |  | Zip Code                              |        |  |  |
| Country  |   |   | Telephone                            | -   |  | Fax                                   |        |  |  |
| Name (Print/Type)  |   | Brian E. Hanlon   |                                      | Registration  | Registration No. (Attorney/Agent)                                      |                                       | 40,449 |  |  |
| Signature  |   | A   | 10                                   |   | Date   | September 24, 2001                    |        |  |  |

Burden Hour Statement. This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

m for the man of the state of